

Candidate  
Annual Report of Receipts and Disbursements  
2009



Candidate's Name Ronnie Musgrove  
Full Address P.O. Box 24477, Jackson MS 39225  
Telephone (601) 856-7200 Fax (601) 857-7626  
Contact Name \_\_\_\_\_ Email \_\_\_\_\_  
Office Sought \_\_\_\_\_ Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ -0- + \$ -0- = \$ -0-	\$ -0-	\$ -0-
Total amount of disbursements	\$ 26,106.54 + \$ -0- = \$ 26,106.54	\$ 26,106.54	\$ 26,106.54
Total amount of cash on hand		\$ 16,192.54	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Ronnie Musgrove  
Signature of Candidate

Date

1/25/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Ronnie Musgrove  
 Reporting period January 1, 2009 through December 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ATE T Mobility</u>	<u>1/1/09</u>	\$ <u>158.37</u>
Mailing Address <u>P.O. Box 772349</u>		
City, State, Zip Code <u>Ocala, FL 34477</u>	<u>1/31/09</u>	\$ <u>169.42</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>cont. See below</u>

  

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ATE T Mobility</u>	<u>3/11/09</u>	\$ <u>154.56</u>
Mailing Address <u>P.O. Box 772349</u>		
City, State, Zip Code <u>Ocala, FL 34477</u>	<u>4/14/09</u>	\$ <u>153.24</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>cont. See below</u>

  

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>AT+T Mobility</u>	<u>5/4/09</u>	\$ <u>122.40</u>
Mailing Address <u>P.O. Box 772349</u>		
City, State, Zip Code <u>Ocala, FL 34477</u>	<u>6/13/09</u>	\$ <u>170.06</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>cont. See below</u>

  

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>AT+T Mobility</u>	<u>7/23/09</u>	\$ <u>327.07</u>
Mailing Address <u>P.O. Box 772349</u>		
City, State, Zip Code <u>Ocala, FL 34477</u>	<u>9/10/09</u>	\$ <u>174.75</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>cont. See below</u>

  

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>AT+T Mobility</u>	<u>10/13/09</u>	\$ <u>205.27</u>
Mailing Address <u>P.O. Box 772349</u>		
City, State, Zip Code <u>Ocala, FL 34477</u>	<u>11/9/09</u>	\$ <u>171.57</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>cont. See below</u>

  

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>AT+T Mobility</u>	<u>12/9/09</u>	\$ <u>165.47</u>
Mailing Address <u>P.O. Box 772349</u>		
City, State, Zip Code <u>Ocala, FL 34477</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1972.18</u>

Name of Candidate or Committee Ronnie Musgrove  
 Reporting period January 1, 2009 through December 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name	Bank of America	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	100 North Tryon Street	2/25/09	\$ 1089.36
City, State, Zip Code	Charlotte, NC 28202	1/1/1	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1089.36
B. Full name	Lauren Welford	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2298 Eubanks Quarters Rd	6/19/09	\$ 2500
City, State, Zip Code	Lucedale, MS 39452	7/13/09	\$ 2000
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ cont. See below
C. Full name	Lauren Welford	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2298 Eubanks Quarters Rd	8/9/09	\$ 3000
City, State, Zip Code	Lucedale, MS 39452	9/29/09	\$ 3000
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ cont. See below
D. Full name	Lauren Welford	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2298 Eubanks Quarters Rd	10/29/09	\$ 3000
City, State, Zip Code	Lucedale, MS 39452	12/4/09	\$ 3000
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 16,500
E. Full name	StorageMax Downtown	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	304 South State Street	1/31/09	\$ 573
City, State, Zip Code	Jackson, MS 39201	2/24/09	\$ 573
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ cont. See below
F. Full name	StorageMax Downtown	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	304 South State Street	4/14/09	\$ 573
City, State, Zip Code	Jackson, MS 39201	4/25/09	\$ 573
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ Cont. See below

Name of Candidate or Committee Ronnie Musgrove  
 Reporting period January 1, 2009 through December 31, 2009

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<u>Storage Max Downtown</u>		
<b>Mailing Address</b>	<u>5/26/09</u>	\$ <u>573</u>
<u>304 South State Street</u>		
<b>City, State, Zip Code</b>	<u>6/29/09</u>	\$ <u>573</u>
<u>Jackson, MS 39201</u>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>cont. see below</u>
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<u>Storage Max Downtown</u>		
<b>Mailing Address</b>	<u>7/30/09</u>	\$ <u>573</u>
<u>304 South State Street</u>		
<b>City, State, Zip Code</b>	<u>8/25/09</u>	\$ <u>573</u>
<u>Jackson, MS 39201</u>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>cont. see below</u>
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<u>Storage Max Downtown</u>		
<b>Mailing Address</b>	<u>9/29/09</u>	\$ <u>573</u>
<u>304 South State Street</u>		
<b>City, State, Zip Code</b>	<u>10/29/09</u>	\$ <u>573</u>
<u>Jackson, MS 39201</u>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>cont. see below</u>
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<u>Storage Max Downtown</u>		
<b>Mailing Address</b>	<u>11/27/09</u>	\$ <u>573</u>
<u>304 South State Street</u>		
<b>City, State, Zip Code</b>	<u>1/1/10</u>	\$
<u>Jackson, MS 39201</u>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>6303</u>
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<u>U.S. Post Office</u>		
<b>Mailing Address</b>	<u>3/11/09</u>	\$ <u>90</u>
<u>401 East South Street</u>		
<b>City, State, Zip Code</b>	<u>9/15/09</u>	\$ <u>90</u>
<u>Jackson, MS 39201</u>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>180</u>
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<u>Bancorp South</u>		
<b>Mailing Address</b>	<u>2/27/09</u>	\$ <u>10</u>
<u>2910 West Jackson St.</u>		
<b>City, State, Zip Code</b>	<u>10/30/09</u>	\$ <u>10</u>
<u>Tupelo, MS 38801</u>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>cont. see below</u>

Name of Candidate or Committee Ronnie Musgrove  
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## ITEMIZED DISBURSEMENTS

A. Full name	<u>Bancorp South</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2910 West Jackson St.</u>	<u>11/13/09</u>	\$ <u>32</u>
City, State, Zip Code	<u>Tupelo, MS 38801</u>	<u>12/31/09</u>	\$ <u>10</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>62</u>
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$